

APPLICATION FOR PAWNBROKER'S LICENSE

FEE: \$25.00 License Fee & \$25.00 Occupation Tax

RETURN TO:

City Clerk's Office, 555 S. 10th St., Lincoln, NE 68508

LMC Chapter 5.34

Required \$5,000 Surety Bond

Please PRINT using blue or black ink only.

APPLICATION FOR: _____ Existing Business _____ New Establishment

BUSINESS INFORMATION					
NAME:					
STREET ADDRESS:					
CITY:		STATE:		ZIP:	
PHONE #:		FAX #:			

APPLICANT'S INFORMATION					
NAME:					
STREET ADDRESS:					
CITY:		STATE:		ZIP:	
PHONE #:		FAX #:			

OWNER'S INFORMATION					
NAME:					
HOME STREET ADDRESS:					
CITY:		STATE:		ZIP:	
HOME PHONE #:		D.O.B.:		SSN:	- -

BUSINESS LOCATION INFORMATION					
NAME:					
STREET ADDRESS:		ZIP:		PHONE #:	

LOCATION OF WHERE GOODS, WARES & MERCHANDISE ARE TO BE STORED					
NAME:					
STREET ADDRESS:		ZIP:		PHONE #:	

PLEASE ANSWER THE FOLLOWING QUESTIONS AS FULLY AS POSSIBLE:

Explain ***in detail*** the nature of Business? _____

Will business be conducted inside, outside, or partly inside & partly outside of building? _____
Explain: _____

Describe plan of Operation: _____

Has applicant, or if a corporation, any Officers & Shareholders been convicted of a felony:
YES _____ NO _____ If yes, list names of person & where it occurred & explain: _____

THE FOLLOWING MUST BE ATTACHED:

- If applicant is a corporation, a copy of the Articles of Incorporation and the names, address, & DOB's of the Officers & Shareholders.
- \$5,000 Surety Bond
- \$50.00 License Fee & Occupation Tax

DATED THIS _____ DAY OF _____, _____.

Signature of Applicant

Legal Capacity

Applications are available on the City's web site at "www.lincoln.ne.gov".

REFERRALS

FIRE PREVENTION BUREAU:

APPROVED: _____ DENIED: _____ DATE: _____
RECOMMENDATIONS OR COMMENTS: _____

POLICE DEPARTMENT - LeAnn Hamner:

APPROVED: _____ DENIED: _____ DATE: _____
RECOMMENDATIONS OR COMMENTS: _____

POLICE DEPARTMENT - Sgt. Richard Kohles:

APPROVED: _____ DENIED: _____ DATE: _____
RECOMMENDATIONS OR COMMENTS: _____

CODES ADMINISTRATION:

APPROVED: _____ DENIED: _____ DATE: _____
RECOMMENDATIONS OR COMMENTS: _____

